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#### **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: Go Pro Ex	treme Rentals, LLC		
Seblect:		ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Christopher Krauss		
		Name of Person	
	Co Bro Estromo Bor	atolo IIC	
	Go Pro Extreme Rer	Firm/Company	<del></del>
		, ,	
	118 NE 4th, Avenue		
		Address	
	Deerfield Beach, FL	33441	
		City/State and Zip Code	
	GoProXtremeRentals	@gmail.com	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	l <b>1</b> :	
Obsistant as Kasasa		504 DOD 500	^
Christopher Krauss Name of Person		at (561 ) 900 - 5830 Area Code Davtime	Telephone Number
		, we are a say man	Totophone Praincer
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BANGO SONO CO Go Pro Extreme Rentals, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/24/2021 and assigned Florida document number L21000092883 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GoPro Xtreme Rentals, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			□ Change
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If the ro	ecord specifies a del ne 90th day after the	ayed effective record is file	e date, but no d.	ot an effective	e time, at 12	:01 a.m. on th	e earlier of
Date	d July 20th	<del></del>	<u>2021</u>	_; /			
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Page 3 of 3

Filing Fee: \$25.00